

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90019 018 ***150.00

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07032006 Chg-P CR2E034 (11/05)

DOCUMENT # F05000003713					
1. Entity Name C.M. PRODUCTS, INC.(NV)					
Principal Place of Business 800 ELA ROAD LAKE ZURICH, IL 60047		Mailing Address 800 ELA ROAD LAKE ZURICH, IL 60047			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-4387919	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEAR, GEOFFREY C		NAME		
STREET ADDRESS	800 ELA ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE ZURICH, IL 60047		CITY-ST-ZIP		
TITLE	DPAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FABER, MARK R		NAME		
STREET ADDRESS	800 ELA ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE ZURICH, IL 60047		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARTON, RICHARD D		NAME		
STREET ADDRESS	800 ELA ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE ZURICH, IL 60047		CITY-ST-ZIP		
TITLE	DAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAXMAN, SUZANNE L		NAME		
STREET ADDRESS	55 EAST MONROE STREET, SUITE 4200		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60603		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRITZ, JAY J		NAME		
STREET ADDRESS	800 ELA ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE ZURICH, IL 60047		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOZILE, BRENT J		NAME		
STREET ADDRESS	800 ELA ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE ZURICH, IL 60047		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: 7/3/06		Daytime Phone #: 847-726-5229
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					